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Bib Data Sheet

CONFIRMATION NO. 3851

SERIAL NUMBER 09/897,826	FILING DATE 07/03/2001 RULE	CLASS 705	GROUP ART UNIT 2163	ATTORNEY DOCKET NO. Diedre/Candidate
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APPLICANTS

Stephen Michael Reuning, Robbinsville, NJ;

**** CONTINUING DATA *******

THIS APPLICATION IS A CON OF 08/984,650 12/03/1997

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 07/27/2001**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
NJ	2	19	3

ADDRESS

22925

TITLE

Candidate chaser

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 3851

SERIAL NUMBER 09/897,826	FILING DATE 07/03/2001 RULE	CLASS 707	GROUP ART UNIT 2164	ATTORNEY DOCKET NO. Diedre/Candidate
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APPLICANTS

Stephen Michael Reuning, Robbinsville, NJ;

** CONTINUING DATA ****

This application is a CON of 08/984,650 12/03/1997 PAT 6,381,592

** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/27/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NJ	DRAWING 2	CLAIMS 19	CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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 PHARMACEUTICAL PATENT ATTORNEYS, LLC
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 MORRISTOWN , NJ
 07960-7397

TITLE

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FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
RECEIVED 355		



Other _____



Credit
